

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/23/2014
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, COOKEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments During an annual licensure survey and complaint investigation #32579 conducted on January 23, 2014, at NHC HealthCare, Cookeville, no deficiencies were cited in relation to the complaint.	N 000		
N 643	1200-8-6-.06(3)(i) Basic Services (3) Infection Control. (i) The facility shall have an annual influenza vaccination program which shall include at least: 1. The offer of influenza vaccination to all staff and independent practitioners or accept documented evidence of vaccination from another vaccine source or facility; 2. A signed declination statement on record from all who refuse the influenza vaccination for other than medical contraindications; 3. Education of all direct care personnel about the following: (i) Flu vaccination, (ii) Non-vaccine control measures, and (iii) The diagnosis, transmission, and potential impact of influenza; 4. An annual evaluation of the influenza vaccination program and reasons for non-participation; 5. The requirements to complete vaccinations or declination statements are suspended by the Medical Director in the event of a vaccine	N 643	(Begin Tag N643) It is the policy of this facility to have an annual influenza vaccination program that meets regulatory requirements. Some of the many ways that this has been achieved is the annual offering of the influenza vaccine to all employees, in addition the facility management, medical staff and supervisors stress the importance of vaccinations. No residents were affected by the cited deficiency. Are review of employee records found no other missing paperwork. To enhance currently compliant and the direction of the administrator the vaccination program and paperwork has been revised. All employees hired since October 2013, were reviewed to ensure Flu Vaccine was offered and either accepted or declined. The Staff Educator will offer each new hire the Flu Vaccine. Because the staff educator is a nurse they will administer the vaccine, complete the declination form if declined and maintain all Flu Vaccine logs. This process will continue with all new hires indefinitely.	2/12/14

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Jeremy Stoner, NHA - Administrator - 2/21/2014

STATE FORM

6500

S0XG11

If continuation sheet 1 of 4

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/23/2014
---	--	--	--

NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, COOKEVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 643	<p>Continued From page 1 shortage.</p> <p>This Rule is not met as evidenced by: Based on facility personnel record review, and interview, the facility failed to offer new employees the influenza vaccine.</p> <p>The findings included:</p> <p>Review of the facility personnel records for six employees hired within the last four months revealed, four of the six employees had not been offered the influenza vaccine.</p> <p>Interview on January 23, 2014, at 10:35 a.m., with the Director of Nursing at the 300/400 hall nurse's station, confirmed the facility had "lost track" of the new employees at the end of October 2013, and there was no documentation the employees had been offered the influenza vaccine.</p>	N 643	<p>Effective, February 12, 2014 a quality-assurance program was implemented under the supervision of the administrator or designated quality-assurance representative will perform the following systematic changes: new hire paperwork specifically pertaining to flu vaccinations will be reviewed. Any deficiencies will be corrected on the spot, and the findings of the quality-assurance checks will be documented and submitted at the monthly quality-assurance committee meeting for further review or corrective action. The Quality Assurance Committee consists of the Medical Director, Director of Nursing, Director of HIM, Director of Dietary and Administrator. (End Tag N643)</p>	
N1501	<p>1200-8-6-.15 Nurse Aide Training and Competency Evaluation</p> <p>All nurse aide training programs must comply with the federal nurse aide training and competency regulations, promulgated pursuant to the Omnibus Budget Reconciliation Act of 1987, and with federal labor laws, including but not limited to minimum age requirements. Copies of these regulations may be obtained from the department.</p>	N1501	<p>(Begin Tag N1501) It is the policy of this facility to comply with all regulatory requirements governing the nurse aide training program. Some of the many ways this has been achieved has been the in successful training of certified nurse aids.</p> <p>No residents were affected by the cited deficiency.</p>	2/24/14

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/23/2014
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, COOKEVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N1501	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on interview, the facility failed to reimburse new employees who completed the Nurse Aide Training class provided by the facility and hired as nurse aides for the charges incurred for the Nurse Aide Training class.</p> <p>The findings included:</p> <p>Interviews with three Nurse Aide Trainees (NAT) currently enrolled in the NAT class provided by the facility, on January 23, 2014, from 10:05 a.m., to 10:10 a.m., in the conference room, revealed each trainee had been required to pay \$225.00 for class materials and training.</p> <p>Interview with the Staff Education Coordinator on January 23, 2014, at 10:10 a.m., in the Staff Education Coordinator's office, confirmed the NAT students were not employed during the training, and the charge for the class was \$225.00 for the training and materials. Continued interview confirmed the Staff Education Coordinator had no knowledge of persons who had been hired by the facility after completing the class being reimbursed for the cost of the class.</p> <p>Interview with NAT #1 on January 23, 2014, at 10:40 a.m., in the conference room, confirmed the nurse aide had been enrolled in the class that started October 7, 2013, and was hired by the facility on October 30, 2013. Continued interview confirmed NAT #1 had not been reimbursed by the facility for the NAT class.</p> <p>Interview with the Administrator in the Administrator's office on January 23, 2014, at 10:45 a.m., confirmed the facility had not reimbursed nurse aides for the cost of the class after the nurse aides completed the class and</p>	N1501	<p>We no longer charge for the certified nurse aide class and a list was compiled of students currently employed and completing the CNA class. We identified 13 students and those students will be reimbursed for the class on February 24, 2014</p> <p>Effective, February 1, 2014 a quality assurance program was implemented under the supervision of the Administrator to monitor fees charged for the class. The Administrator or designated quality-assurance representative will perform the following systematic changes: each month a review of fees charge will be reviewed. Any deficiencies will be corrected on the spot, and the findings of the quality-assurance checks will be documented and submitted at the monthly quality-assurance committee meeting for further review or corrective action. The Quality Assurance Committee consists of the Medical Director, Director of Nursing, Director of HIM, Director of Dietary and Administrator. (End Tag N1501)</p>		

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7103	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 01/23/2014
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, COOKEVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 815 SOUTH WALNUT AVENUE COOKEVILLE, TN 38501			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N1501	Continued From page 3 were employed by the facility.	N1501			